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|---|---|---------------------|--|-----|
| | 40 Amount from front of form, line 38F (federal amount)..... | 40 | .00 | |
| DEDUCTIONS AND MODIFICATIONS | 41 Itemized deductions from federal Schedule A, line 29 | 41 | .00 | |
| | 42 State income tax claimed as itemized deduction | 42 | .00 | |
| | 43 Net Oregon itemized deductions. Line 41 minus line 42 | 43 | .00 | |
| | 44 Standard deduction from page 26..... | 44 | .00 | |
| | 45 2014 federal tax liability (\$0-\$6,350; see instructions for the correct amount).... | 45 | .00 | |
| | 46 Other deductions and modifications. Identify: ●46x <input type="checkbox"/> ●46y \$ <input type="text"/> Schedule 46z <input type="checkbox"/> ●46 | 46 | .00 | |
| | 47 Add lines 43, 45, and 46 if itemizing. Otherwise, add lines 44, 45, and 46 | 47 | .00 | |
| | 48 Taxable income. Line 40 minus line 47 | 48 | .00 | |
| OREGON TAX | 49 Tax from tax charts. 49a <input type="checkbox"/> See instructions, page 29 | 49 | .00 | |
| | 50 Oregon income tax. Line 49 X Oregon percentage from line 39, or..... | 50 | .00 | |
| | Check if tax is from: ● 50a <input type="checkbox"/> Form FIA-40P or ● 50b <input type="checkbox"/> Worksheet FCG | | | |
| | 51 Interest on certain installment sales..... | 51 | .00 | |
| | 52 Total tax before credits. Add lines 50 and 51 | OREGON TAX → 52 | .00 | |
| NONREFUNDABLE CREDITS | 53 Exemption credit. See instructions, page 30 | 53 | .00 | |
| | 54 Child and dependent care credit. See instructions, page 30..... | 54 | .00 | |
| | 55 Credit for income taxes paid to another state. State: ●55y <input type="checkbox"/> Schedule 55z <input type="checkbox"/> ●55 | 55 | .00 | |
| | 56 Other credits. Identify: ●56x <input type="checkbox"/> ●56y \$ <input type="text"/> Schedule included 56z <input type="checkbox"/> ●56 | 56 | .00 | |
| | 57 Total non-refundable credits. Add lines 53 through 56 | 57 | .00 | |
| | 58 Net income tax. Line 52 minus line 57. If line 57 is more than line 52, enter -0- | 58 | .00 | |
| PAYMENTS AND REFUNDABLE CREDITS | 59 Oregon income tax withheld from income. Include Forms W-2 and 1099 | 59 | .00 | |
| | 60 Estimated tax payments for 2014 and payments made with your extension | 60 | .00 | |
| | ●60a <input type="checkbox"/> Wolf depredation ●60b <input type="checkbox"/> Claim of right | | | |
| | 61 Tax payments from pass-through entity and real estate transactions | 61 | .00 | |
| | 62 Earned income credit. See instructions, page 32 | 62 | .00 | |
| | 63 Working family child care credit from WFC-N/P, line 21 | 63 | .00 | |
| | 64 Mobile home park closure credit. Include Schedule MPC..... | 64 | .00 | |
| | 65 Total payments and refundable credits. Add lines 59 through 64 | 65 | .00 | |
| | 66 Overpayment. Is line 58 less than line 65? If so, line 65 minus line 58 | OVERPAYMENT → 66 | .00 | |
| | 67 Tax to pay. Is line 58 more than line 65? If so, line 58 minus line 65 | TAX TO PAY → 67 | .00 | |
| | 68 Penalty and interest for filing or paying late. See instructions, page 33..... | 68 | .00 | |
| | 69 Interest on underpayment of estimated tax. Include Form 10 and check box <input type="checkbox"/> | 69 | .00 | |
| | Exception # from Form 10, line 1 ●69a <input type="checkbox"/> Check box if you annualized ●69b <input type="checkbox"/> | | | |
| | 70 Total penalty and interest due. Add lines 68 and 69 | 70 | .00 | |
| | 71 Amount you owe. Line 67 plus line 70 | AMOUNT YOU OWE → 71 | .00 | |
| | 72 Refund. Is line 66 more than line 70? If so, line 66 minus line 70 | REFUND → 72 | .00 | |
| CHARITABLE CHECKOFF DONATIONS, PAGE 34 <i>I want to donate part of my tax refund to the following fund(s)</i> | American Diabetes Assoc. ●74 | .00 | Oregon Coast Aquarium ●75 | .00 |
| | SMART ●76 | .00 | SOLV ●77 | .00 |
| | The Nature Conservancy ●78 | .00 | St. Vincent DePaul Soc. of OR ●79 | .00 |
| | Oregon Humane Society ●80 | .00 | The Salvation Army ●81 | .00 |
| | Doernbecher Children's Hosp. ●82 | .00 | Oregon Veteran's Home ●83 | .00 |
| | Charity code ●84a <input type="checkbox"/> ●84b <input type="checkbox"/> | .00 | Charity code ●85a <input type="checkbox"/> ●85b <input type="checkbox"/> | .00 |
| | | | | .00 |
| | | | | .00 |
| | | | | .00 |
| | | | | .00 |
| | 86 Total Oregon 529 College Savings Plan deposits. See instructions, page 34 | 86 | .00 | |
| | 87 Total. Add lines 73 through 86. Total can't be more than your refund on line 72 | 87 | .00 | |
| | 88 NET REFUND. Line 72 minus line 87. This is your net refund | NET REFUND → 88 | .00 | |

DIRECT DEPOSIT 89 For direct deposit of your refund, see instructions, page 34. ● **Type of account:** Checking or Savings

● Routing No. ● Account No.

Will this refund go to an account outside the United States? ● Yes

Important: Include a copy of your federal Form 1040, 1040A, 1040EZ, or 1040NR.

Under penalty for false swearing, I declare that the information in this return is true, correct, and complete.

| | | | |
|--|------|---|------------------------|
| Your signature | Date | Signature of preparer other than taxpayer | ● Preparer license no. |
| X | | X | |
| Spouse's/RDP's signature (if filing jointly, BOTH must sign) | Date | Address | Telephone no. |
| X | | | |